

VALLEY HEAD HOUSING AUTHORITY

HUD-50075

PHA PLAN

**5 Year Plan for Fiscal Years 2010-2014
Annual Plan for Fiscal Year 2010**

Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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PHA Plan Update

- (a) There has been no revision or deviation in the prior year's Annual Plan.
(b) The Annual Plan and 5 Year Plan may be viewed at the main office, 203 13th Street NW, Fort Payne, Alabama

1. PHA POLICIES GOVERNING ELIGIBILITY, SELECTION, AND ADMISSIONS:

The PHA verifies eligibility for admission to public housing at the time of the initial application. In screening applicants, the PHA establishes eligibility for admission, by requesting criminal records from local law enforcement agencies and/or accessing FBI criminal records through a NCIC authorized agency. The PHA has former Federal preferences that apply to application screening. These preferences include Homelessness, Substandard Housing, Victims of Domestic Violence and Involuntary Displacement. In order to receive this type of preferences, the actual reason for the preference has to be verified and certified by another local agency. A qualified applicant is given one choice of a vacant unit before being put on the bottom of the waiting list. The waiting list for public housing is one community wide list. The PHA did not adopt any changes to its admissions policies due to the results of the required analysis of the need to promote deconcentration of poverty and/or to assure income mixing. No developments showed an average income above or below 85% to 115% difference, so therefore no changes were needed, however a Deconcentration Policy was adopted.

2. FINANCIAL RESOURCES:

*(These financial resources are anticipated to be available to the PHA)

FEDERAL GRANTS: Public Housing Operating Fund	\$19,773.
Public Housing Capital Fund	\$13,510.
Public Housing Stimulus (ARRA) Grant	\$17,156.

PUBLIC HOUSING INCOME:

Dwelling Rents	\$ 6,120
Investment Income	\$ 550.
Late Fees & Other Charges	\$ 185.

TOTAL RESOURCES \$57,294.

3. RENT DETERMINATION:

The PHA employs discretionary policies for determining income based rent. The PHA has a base minimum rent of \$50.00. Rents are not charged for a percentage less than 30% of adjusted income. However, the PHA does have ceiling rents, which have been arrived and set at the fair market rents. The PHA used the section 8 rent reasonableness study of comparable housing to set the market-based flat rents. Between income reexaminations, a family who experiences and income increase or decrease must report the change of income or family composition to the PHA. At this time the PHA will make an adjustment to the rent. The PHA has adopted a minimum rent hardship exemption policy.

4. OPERATION AND MANAGEMENT:

The PHA has several manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of the public housing agency. All policies and procedures are followed by each employee of the agency. Agency policies and handbooks are listed below:

Personnel Policy, Procurement Policy, Admissions & Continued Occupancy Policy, Lease & Grievance Policy, Pet Policy, Pest Control Policy, Trash & Litter Policy, Accounts Payable Policy, Rent Collection Policy.

5. GRIEVANCE PROCEDURES:

The PHA has not established any written grievance procedure in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing. A resident or applicant must contact the PHA main office, at 203 13th Street N.W., Fort Payne, Alabama to initiate any PHA grievance process. Upon filing of a written request, a Tenant shall be entitled to a hearing before a hearing officer. For additional information, See PHA's Grievance Procedures Policy.

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6. DESIGNATED HOUSING FOR ELDERLY AND DISABLED FAMILIES:

The PHA at this time does not have any projects for the upcoming fiscal year that are for the designation for occupancy by elderly and disabled families. However, the PHA did install walk in showers in the already handicap apartments to better serve the elderly and disabled with the 2009 American Recovery and Reinvestment Act Grant.

7. COMMUNITY SERVICE AND SELF-SUFFICIENCY:

The PHA at this time does not provide any programs to enhance the economic and social self-sufficiency of residents. However, the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services, as contemplated by section 12 (d) (7) of the Housing Act of 1937. With this agreement, the PHA complies with the requirements of community service and treatment of income changes resulting from welfare program. The agreement between the PHA and TANF was signed on October 30, 2000. Other coordination efforts between the PHA and TANF agency is to provide information sharing mutual clients, for rent determinations and family size of residents.

8. SAFETY AND CRIME PREVENTIONS:

The PHA takes extra precautions to insure the public housing residents are safe. We work very closely with our local police department exchanging information that could affect any of our residents. Our local police department has been informed and is aware of the rules and regulations of the Housing Authority. They have been very cooperative in working with the Housing Authority in providing police reports on a regular basis. If the reports show any drug and/or criminal activity on a resident, the resident is evicted.

9. PETS:

PET POLICY

Valley Head Housing Authority (HA)

Section I.

- A. Pet ownership: A tenant may own one or more common household pets or have one or more common household pets present in the dwelling unit of such tenant, subject to the following conditions:
1. Each Head of Household may own up to two pets. If one of the pets is a dog or cat, (or other four legged animal), the second pet must be contained in a cage or an aquarium for fish. Each bird or other animals, other than fish, shall be counted as one pet.
 2. If the pet is a dog or cat, it must be neutered/spayed by the age of six (6) months, and cats must be de-clawed by the age of three (3) months. The evidence can be provided by a statement/bill from a veterinarian and/or staff of the humane society. The evidence must be provided prior to the execution of this agreement and/or within 10 days of the pet becoming of the age to be neutered/spayed or de-clawed. Tenant must provide waterproof and leak proof letter boxes for cat waste, which must be kept inside the dwelling unit. Cardboard boxes are not acceptable and will not be approved. The Tenant shall not permit refuse from letter boxes to accumulate nor to become unsightly or unsanitary. Also, the weight of a cat cannot exceed 10 pounds (fully grown) and a dog may not exceed 20 pounds in weight (fully grown). All other four legged animals are limited to 10 pounds (fully grown).
 3. If the pet is a bird, it shall be housed in a birdcage and cannot be let out of the cage at any time.
 4. If the pet is a fish, the aquarium must be twenty gallons or less, and the container must be placed in a safe location in the unit. The Tenant is limited to one container for the fish; however, there is no limit on the number of fish that can be maintained in the container as long as the container is maintained in a safe and non-hazardous manner.

5. If the pet is a cat or dog, it must have received rabies and distemper inoculations or boosters, as applicable. Evidence of inoculations can be provided by a statement/bill from veterinarian or staff of the humane society and must be provided before the execution of this agreement.
6. All pets must be housed within the unit and no facilities can be constructed outside of the unit for any pet. No animal shall be permitted to be loose and if the pet is taken outside it must be taken outside on a leash and kept off other Tenant's lawns. Also, all pets must wear collars with identification at all times. Pets without a collar will be picked-up immediately and transported to the Humane Society or other appropriate facility.
7. All authorized pet(s) must be under the control of an adult. An unleashed pet tied to a fixed object, is not considered to be under the control of an adult. Pets which are unleashed, or leashed and unattended, on HA property may be impounded and taken to the local Humane Society. It shall be the responsibility of the Tenant to reclaim the pet at the expense of the Tenant. Also, if a member of the HA staff has to take a pet to the Humane Society the Tenant will be charged \$50 to cover the expense of taking the pet(s) to the Humane Society.
8. Pet(s) may not be left unattended for more than twenty-four consecutive hours. If it is reported to HA staff that a pet(s) has been left unattended for more than Twenty-four (24) consecutive hour period, HA staff may enter the unit and remove the pet and transfer the pet to the Humane Society. Any expense to remove and reclaim the pet from any facility will be the responsibility of the tenant. In the case of an emergency, the HA will work with the resident to allow more than 24 hours for the resident to make accommodations for the pet.
9. Pet(s), as applicable, must be weighed by a veterinarian or staff of the Humane Society. A statement containing the weight of the pet must be provided to the HA prior to the execution of this agreement and upon request by the HA.

NOTE:

Any pet that is not fully grown will be weighed every six months. Also, any pet that exceeds the weight limit at any time during occupancy till **not** be an

Eligible pet and must be removed from HA property.

- B.** Responsible Pet Ownership: Each pet must be maintained responsibly and in accordance with this pet ownership lease addendum and in accordance with all applicable ordinances, state and local public health, animal control, and animal anti-cruelty laws and regulations governing pet ownership. Any waste generated by a pet must be properly and promptly disposed of by the tenant to avoid any unpleasant and unsanitary odor from being in the unit.
- C.** Prohibited Animals: Animals or breeds if animals that are considered by the HA to be vicious and/or intimidating will not be allowed. Some examples of animals that have a Reputation of a vicious nature are: reptiles, rottweiler, Doberman pinscher, chows, pit bulldog, and/or any animal that displays vicious behavior. This determination will be made by a HA representative prior to the execution of this lease addendum.
- D.** Pet(s) shall not disturb, interfere or diminish the peaceful enjoyment of other tenants. The terms, "disturb, interfere or diminish" shall include but not be Limited to barking, howling, chirping, biting, scratching and other like activities. This includes any pets who make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one-half hour or more and therefore disturbs any person at any time of the day or night. The Housing Manager will terminate this authorization if a pet disturbs other tenants under this section of the lease addendum. The Tenant will be given one week to make other arrangements for the care of the pet or the dwelling lease will be terminated.
- E.** If the animal should become destructive, create a nuisance, represent a threat to the safety and security of other persons, or create a problem in the area of cleanliness and sanitation, the Housing Manager will

notify the tenant, in writing, that the animal must be removed from the Public Housing Development, within 10 days of the date of the notice from the HA. The Tenant may request a hearing, which will be handled according to the HA's established grievance procedure. The pet may remain with the tenant during the hearing process unless the HA has determined that the pet may be a danger or threat to the safety and security of other persons. If this determination has been made by the HA, the pet must be immediately removed from the unit upon receipt of the notice from the HA.

- F. The Tenant is solely responsible for cleaning up the waste of the pet within the dwelling and on the premises of the public housing development. If the pet is taken outside it must be on a leash at all times. If there is any visible waste by the pet it must be disposed of in a plastic bag, securely tied and placed in the garbage receptacle for their unit. If the HA staff is required to clean any waste left by a pet, the Tenant will be charged \$25 for the removal of the waste.
- G. The Tenant shall have pets restrained so that maintenance can be performed in the apartment. The Tenant shall, whenever an inspection or maintenance can be scheduled, either be a home or shall have all animals restrained or caged. If a maintenance person enters an apartment where an animal is not restrained, maintenance shall not be performed, and the Tenant shall be charged a fee of \$25.00. If this same situation again occurs, the pet shall be removed from the premises. Pets that are not caged or properly restrained may be impounded by animal control officers or by HA staff and taken to the local Humane Society. It shall be the responsibility of the Tenant to reclaim the pet at the expense of the Tenant. Also, if a member of the HA staff takes a pet to the Humane Society the Tenant will be charged an additional \$50 to cover the expense of taking the pet(s) to the Humane Society. The Housing Authority shall not be responsible if any animal escapes from the residence due to maintenance, inspections or other activities of the landlord.
- F. Pets may not be bred or used for any commercial purposes.

Section II. SCHEDULE OF ANNUAL FEES AND INITIAL DEPOSIT FEE AND DEPOSIT SCHEDULE

(An Annual Fee and Deposit is required for each pet)

Type of Pet	Fee	Deposit
Dog	\$150	\$250
Cat	\$100	\$150
Fish Aquarium	\$ 50	\$100
Fish Bowl (Requires no power and no larger than two gallon)	\$ 0	\$ 25
Caged Pets	\$100	\$150

Note: Under 24 CFR 5.63-380 (subpart C) Elderly Residents DO NOT Have to pay the non-refundable annual fees.

Note: The above schedule is applicable for each pet; therefore, if a tenant has more than one pet he or she must pay the applicable annual fee and deposit for each pet.

The entire annual fee and deposit (subject to the exception listed below) must be paid prior to the execution of the lease addendum. No pet shall be allowed in the unit prior to the completion of the terms of this pet policy. The annual fee shall be paid at the time of reexamination each year and all proof of inoculations and other requirements shall be made available to the HA at such time. The Annual Fee is not reimbursable. The deposit made shall be utilized to offset damages caused by the pet and/or tenant. Any balance, if any, from the deposit will be refunded to the tenant. **THERE SHALL BE NO REFUND OF THE ANNUAL FEE.**

It shall be a serious violation of the lease for any tenant to have a pet without proper approval and without having complied with the terms of this policy. Such violation shall be considered to be a violation of Paragraph IV (L) of the lease (a serious violation) and the HA will issue a termination notice. The tenant will be entitled to a grievance hearing in accordance with the provisions of Paragraph 5 of this Pet Policy or the Grievance Procedure, as applicable.

10. Civil Rights Certification

- a. See attached

11. Fiscal Year Audit

Can be viewed at the main office, 203 13th Street NW, Fort Payne, AL 35967

12. ASSET MANAGEMENT:

The PHA does not plan on engaging in any activities that will contribute to the long-term asset management of its public housing stock. The Agency will not engage in any plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have not been addressed elsewhere in this PHA Plan.

13. VIOLENCE AGAINST WOMEN ACT (VAWA)

The PHA works with several local agencies to help provide housing for individuals who are victims of VAWA Act. These agencies consist of temporary shelters, Department of Human Resources, and our local police department. Clients, who are victims of domestic violence, dating violence, sexual assault, or stalking, are being referred by these agencies to the Housing Authority for their housing needs. Once the client meets all necessary screening requirements for admission, they are considered a high preference on our waiting list. The PHA takes measures to protect other residents, who become victims of VAWA Act, while living in our apartments. Any individual showing proof of this act, such as a police report and/or other certification; The PHA will take action to help prevent any other violence which may occur. If the individual, who performed the act, is living in the household, that individual will be evicted. If the individual was an outsider, and the crime was on Housing Authority property, the individual will be "Banned" from Housing Authority property. Any persons banned from the property is reported to the local police department, and charged, if on or near the property for Trespassing.

7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>Not applicable</p>																																																								
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>																																																								
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>See attached</p>																																																								
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See attached</p>																																																								
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>																																																								
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p style="text-align: center;">Housing Needs of Families in the Jurisdiction By Family Type</p> <table border="1"> <thead> <tr> <th>Family Type</th><th>Overall</th><th>Afford-ability</th><th>Supply</th><th>Quality</th><th>Accessi-bility</th><th>Size</th><th>Location</th></tr> </thead> <tbody> <tr> <td>Income <= 30% of AMI</td><td>15</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Income >30% but <=50% of AMI</td><td>39</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Income >50% but <80% of AMI</td><td>53</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Elderly</td><td>101</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Families with Disabilities</td><td>127</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Race/Ethnicity</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Family Type	Overall	Afford-ability	Supply	Quality	Accessi-bility	Size	Location	Income <= 30% of AMI	15							Income >30% but <=50% of AMI	39							Income >50% but <80% of AMI	53							Elderly	101							Families with Disabilities	127							Race/Ethnicity							
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9.1	Housing Needs of Families on the Public Housing Waiting List			
	Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/sub-jurisdiction:			
		# of families	% of total families	Annual Turnover
	Waiting list total	0		1
	Extremely low income <=30% AMI	0		
	Very low income (>30% but <=50% AMI)	0		
	Low income (>50% but <80% AMI)	0		
	Families with children	0		
	Elderly families	0		
	Families with Disabilities	0		
	Race/ethnicity			
	Race/ethnicity			
	Race/ethnicity			
	Characteristics by Bedroom Size (Public Housing Only)			
	1BR	0		
	2 BR	0		
	3 BR	0		
	4 BR	0		
	5 BR	0		
	5+ BR			
	Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? N/A Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The primary goal of the Valley Head Housing Authority in its five year plan is to modernize our apartments to be more comparable and competitive with other apartment complexes located in the surrounding areas. Our Authority is striving to please our residents with more sites and dwelling unit improvements. With the 2009 American Recovery and Reinvestment Act Grant the Authority was able to install new bathtubs and tub surrounds along with new fixtures in each apartment. In addition walk in showers were installed in the handicap apartments to better serve the needs of the elderly and disabled. We have focused on a more attractive curb appeal, safety and convenience for our residents and are achieving these goals.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: VALLEY HEAD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AL09S13550109 Replacement Housing Factor Grant No: Date of CFFP: 2009			FFY of Grant: 2009 (ARRA) FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending:					
				Revised Annual Statement (revision no:) X Final Performance and Evaluation Report 11/30/2009	
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	17156	17156	17156	17156
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: VALLEY HEAD HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: AL09S13550109 Replacement Housing Factor Grant No: Date of CFFP: 2009	FFY of Grant:2009 (ARRA) FFY of Grant Approval:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies					
Performance and Evaluation Report for Period Ending:			Revised Annual Statement (revision no:) X Final Performance and Evaluation Report 11/30/2009		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	17156	17156	17156	17156
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 11/30/2009		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages

PHA Name:

VALLEY HEAD HOUSING AUTHORITY

Grant Type and Number

Capital Fund Program Grant No: AL09S13550109

CFFP (Yes/ No): YES

Replacement Housing Factor Grant No:

Federal FFY of Grant: 2009 (ARRA)[illegible]

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages

PHA Name: _____

Grant Type and Number

Capital Fund Program Grant No: AL09S13550109

CFFP (Yes/ No): YES

Replacement Housing Factor Grant No:

Federal FFY of Grant: 2009 (ARRA)
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VALLEY HEAD HOUSING AUTHORITY

[illegible]

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Expires 4/30/2011					
Part I: Summary					
PHA Name: VALLEY HEAD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AL09P13550109 Replacement Housing Factor Grant No: Date of CFFP: 09/15/2009			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 11/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	13,510	13,510	13,510	0
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Valley Head Housing Authority	Grant Type and Number Capital Fund Program Grant No: AL09P13550109 Replacement Housing Factor Grant No: Date of CFFP: 09/15/2009	FFY of Grant: 2009 FFY of Grant Approval:			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 11/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	13,510	13,510	13,510	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 11/30/2009		Signature of Public Housing Director	
				Date	

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

[illegible]

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Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

[illegible]

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² To be completed for the Performance and Evaluation Report.

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program
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U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-

Expires

4/30/2011

Part I: Summary					
PHA Name: VALLEY HEAD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AL09P13550110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:3) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	13,510	13,510	13,510	0
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Valley Head Housing Authority		Grant Type and Number Capital Fund Program Grant No: AL09P13550110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	13,510	13,510	13,510	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date 11/30/2009		Signature of Public Housing Director	
				Date	

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⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
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[illegible]

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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

PART I: SUMMARY						
PHA Name/Number AL135 Valley Head Housing Authority			Locality Fort Payne/DeKalb County Alabama		X Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E	ADMINISTRATION					
F.	Other					
G.	Operations		13,510.	13,510.	13,510.	13,510.
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total					

PART I: SUMMARY (CONTINUATION)

PHA Name/Number AL135-Valley Head Housing			Locality: Fort Payne/DeKalb County Alabama		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
	Valley Head - AL135001	Annual Statement				
	MISC, INSURANCE, LAWN MAINTENANCE, ETC...		13,510.	13,510.	13,510.	13,510.

Part II: Supporting Pages – Physical Needs Work Statement(s)

[illegible]

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2013</u> FFY <u>AL09P13550113</u>			Work Statement for Year: <u>2014</u> FFY <u>AL09P13550114</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL						
Statement						
	Valley Head - AL135001			Valley Head - AL135001		
	Operations-Misc, Insurance, Lawn Maintenance, etc...	N/A	13,510.	Operations-Misc, Insurance, Lawn Maintenance, etc...	N/A	13,510.
	Subtotal of Estimated Cost	\$13,510.		Subtotal of Estimated Cost	\$13,510.	

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2011</u> FFY <u>AL09P13550111</u>		Work Statement for Year: <u>2012</u> FFY <u>AL09P13550112</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	SEE			
	ANNUAL			
	Statement			
	N/A		N/A	
	</			

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2013</u> FFY <u>AL09P13550113</u>		Work Statement for Year: <u>2014</u> FFY <u>AL09P13550114</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
	SEE			
	ANNUAL			
	Statement			
	N/A		N/A	
	</			

VALLEY HEAD HOUSING AUTHORITY
203 13TH STREET NW
FORT PAYNE, AL 35967

RESIDENT ADVISORY BOARD COMMENTS

As a requirement to the PHA Plan, comments of the Resident Advisory Board are to be addressed: The PHA does have one member of its governing board who is directly assisted by the PHA. The name of this resident member is Bamalean Culberson, whose term of appointment is 03-03-2007 thru 03-03-2011. Candidates for the election process to the board are any adult recipient of PHA assistance. The recipient is elected by the Mayor, Bill Jordan and representatives of all PHA residents and assisted family organizations. Appointment to the position is the Mayor, Bill Jordan.

There were no comments received, from the residents or the Resident Advisory Board, and no elements of the PHA Plan were challenged due to the small amount of funds to be received.